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ACTON, M	A 01720		transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name) Morrissollie (Signature) (Date

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/716,731	11/19/2003	Michael Lee	120-335	6311		
TITLE OF INVENTION: FAST RE-ESTABLISHMENT OF COMMUNICATIONS FOR VIRTUAL PRIVATE NETWORK DEVICES						

APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$0	\$0	\$1440	02/27/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS]			
LEMMA, SAMSON B 2132			726-015000				
I. Change of correspondence address or indication of "Fee Address" (37 CFR. 1.363). Clange of correspondence address (or Change of Correspondence Address form FTO/SBI 22) attached. 24 Tee Address' indication (or 'Fee Address' Indication form FTO/SBI 27; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		era 2 <u>+ Ma</u>	1 McGuinness 2 + Manaras 3 LLP	
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ,

.

Typed or printed name Holmes

Nortel Networks Limited			
lease check the appropriate assignee category or categories (will not be printed on the patent):	☐ Individual	Corporation or other private group entity	Government

4a. The following fee(s) are submitted: b. Payment of Fee(s): (Please first reapply any previousty paid issue fee shown above) Ma Issuc Fee A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Dublication Fee (No small entity discount permitted) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502569 (enclose an extra copy of this form). 🛮 Advance Order - # of Copies ___

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Registration No.

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